

White Fillings: What you need to know

The dentists at The Dental Comfort Zone, P.C. use a variety of materials to restore (fill) teeth after a tooth has been prepared. Teeth may be restored with white (also resin), silver (also amalgam), and gold or porcelain fillings. All of these materials have specific advantages and disadvantages and different costs. **Although many different materials may be considered for use to restore a tooth, the white or resin filling will be used in the vast majority of cases.**

White or resin fillings are composed of an organic polymer known as bisphenol-A-glycidyl methacrylate (BIS-GMA), and inorganic particles such as quartz, borosilicate glass, and lithium aluminum silicate. White or resin fillings have the advantage of requiring a more conservative tooth preparation, (less drilling usually required), can have a strengthening effect on the tooth, and are very aesthetic, virtually blending in with the tooth. White or resin fillings are the material of choice for repairing the front teeth, as well as teeth in any other area of the mouth. **Needle-free and drill-free techniques such as air abrasion can only be used with the white or resin fillings.**

If you have dental insurance, you should be aware that your insurance company may not pay as much for white or resin fillings as they will for silver (also amalgam) fillings. This is especially true for teeth treated in the back of the mouth, namely the molar and premolar teeth. **This means that your out-of-pocket expense may be greater if white or resin fillings are used.** If you would prefer to have silver (also amalgam) fillings used, please inform the dentist **prior** to treatment.

I have read and understand the information presented on this form, and have been give the opportunity to have my questions answered fully and satisfactorily. I will inform my dentist if I do not want white or resin fillings or any other material used for treatment of my teeth, prior to the start of treatment.

Signature _____ Date _____
(Patient or guardian/relative)

Print Name _____
(Patient or guardian/relative)

Relationship to person above _____

Signature of Dentist _____ Date _____